

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90108 023 ***150.00

DOCUMENT # J25590			
1. Entity Name SOJOURNING, INC.			
Principal Place of Business 12794 FOREST HILL BLVD., STE 8 WEST PALM BEACH FL 33414		Mailing Address 12794 FOREST HILL BLVD., STE 8 WEST PALM BEACH FL 33414	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KAHN, RICHARD E. 12794 FOREST HILL BLVD., STE 8 WEST PALM BEACH FL 33414		7. Name and Address of New Registered Agent Name MARYANN KINGSMILL Street Address (P.O. Box Number is Not Acceptable) 12794 FOREST HILL BLVD., STE 8 City WELLINGTON FL Zip Code 33414	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE <i>[Signature]</i> <i>[Signature]</i> 3/4/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD CHAIRMAN, DIRECTOR <input type="checkbox"/> Delete NAME KAHN, RICHARD E. STREET ADDRESS 1236 KINGLET TERRACE CITY-ST-ZIP WEST PALM BEACH FL 33414	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PRESIDENT, DIRECTOR <input type="checkbox"/> Delete NAME MARYANN KINGSMILL STREET ADDRESS 55 ST. DAVID'S WAY CITY-ST-ZIP WEST PALM BEACH, FL 33414	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/21/02** **561-798-1116**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)